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ON THE TREATMENT OF UTERINE FIBROIDS BY APOSTOLI'S METHOD.

(INTRA-UTERINE ELECTROLYSIS.)

By DR. DELETANG, of Nantes. Read before the Academy of Medicine of Paris, 27th November, 1888.

TRANSLATED BY A. LAPTHORN SMITH.

Since the year 1884, when I attended the clinic of Dr. Apostoli for some time, I have treated by his method ninety-seven cases of uterine fibroids.

Of these patients, seven have received their treatment in whole or in part at the Hotel Dieu of Nantes, and thirty-two have been sent to me by leading practitioners of the district; the rest were from my own private practice.

I followed exactly the rules laid down by Dr. Apostoli, keeping to the letter of the directions which he taught me in 1884; in fact, with the exception of a few isolated cases, I did not go beyond the intensities which he then employed. I used a current of a 100 to 120 milliamperes, sometimes less, the sittings lasted on a average five minutes, and were generally at intervals of four to seven days. I made the greater number of the applications of electricity at my office, as I have already said, thirty-two of my patients were sent to me by my colleagues whose patients they still remained, and the treatment was followed and inspected by them. The reports which I afterwards received of them were generally furnished by their physicians. The following results, therefore, bear the seal of absolute authenticity.

Of course it is impossible for me to give in full here the reports of these thirty-two cases, which will be reported in another work. I shall content myself with some general conclusions. With regard to these thirty-two cases I wish to draw your attention to three things:

1st. With two exceptions I only treated women in whom the uterine canal was open, so that I employed exclusively intra-uterine electrolysis, without force and without punctures.

2nd. None of my observations relate to cases of fibro-cystic tumor, for I consider that the treatment by electrolysis is powerless in these cases, at least after having tried it in the beginning a great many times for these cases, and not having found any beneficial results, I abandoned the treatment of them by electricty. I think, however, that this view must be modified for very small cysts, which are often situated within large fibroids, and which do not possess a very great tendency to increase.

3rd. Neither do I speak here of those more or less pediculated tumors, which are either subperitoneal or submucous, although I am inclined to think that electrolysis would hasten their enucleation: in fact I have had six cases of polypus being formed after treatment among my patients, a number which it seems to me rather more than is usual in ninety-seven cases.

Dr. Hurteau, Corresponding Member of the Academy of Medicine, Professor of Clinical Surgery at the Nantes Medical School sent me sixteen cases. Dr. Louis Foisson, Assistant Professor of Surgery, sent me two. Dr. Bernandeau, Physician to the Hospital, sent me three. Dr. Menager, three. Dr. Chenantais, Professor of Clinical Surgery, two. Drs. Attimont and Gruget, the one Assistant Surgeon and the other Assistant Physician to the Hospital, sent me each one. Professor Albert Malherbe, two. Dr. P. Jouon, Corresponding Member of the Academy, and Professor in the Nantes Medical College, one, and Dr. Ollive, Assistant Professor of the Nantes College, one.

Of the sixteen cases of Dr. Hurteau, ten have been cured—for I consider that we may call cured all those women in whom the morbid phenomena have disappeared, even if there should still remain a small nucleus which does not cause any discomfort. In ten of them there was hæmorrhage, and in all, except one, this was arrested. In five of them three to seven sittings were sufficient to bring about the arrest of the hæmorrhages. In the four others it required more than ten applications to effect this result. In five women who had very large tumors a remarkable segmentation of the mass was observed, this being followed by a reduction in the total volume of the tumor. In two others adherent and immovable fibroids became loosened and shrunkened. Finally, two of the patients received no benefit.

I may remark that in nearly all these cases the hæmorrhage stopped before there was any appreciable diminution in the size of the tumors. The same may be said regarding the pain, and in fact of all the morbid symptoms, with the exception occasionally of the symptoms of compression.

Of the two patients of Dr. Foisson—in one the metrorrhagia was stopped after eleven sittings, without the tumor having sensibly diminished in volume, while in the other an accident happened which suspended all treatment.

Three patients from Dr. Bernandeau—In the first the pain and phenomena of compression first disappeared, and then the tumor which was of considerable size became segmented, or divided in two; in the second the general condition, which was at first as bad as it could be, began to improve, then after ten sittings the courses became regular, and last of all the tumor became very hard without getting much smaller. In the third case the treatment was not well borne.

In two of Dr. Menagers three cases the tumor became pediculated. In the third the violent pains from which she had been suffering were quickly relieved and the tumor diminished considerably, becoming at the same time firmer in consistence.

In the patients of Drs. Chenanter, Attiment and Gruger the hæmorrhages stopped equally quickly, and the tumors became harder and smaller.

In one of Dr. Malherbes two cases a small adherent fibroid became hard but did not become movable, while in the other an accident, which had nothing to do with electricity, put an end to the treatment.

Finally, Miss S., seen by Dr. Guillnet, found that the flow ceased and the pains were arrested first, and then the tumor decreased in size very markedly. The same may be said of the case of Dr. Ollive.

To resume—The effects of the treatment generally succeed each other in the following order:

1st. The hæmorrhages after temporarily increasing disappear in a greater or less time, sometimes very rapidly. We know

that the frequency of the hæmorrhages is in inverse proportion to the volume of the fibroids.

2nd. The pains and functional troubles improve next; these phenomena are not generally in proportion to the size of the tumor, they relate rather to the existence of an inflammatory and more or less soft zone which surrounds the tumor.

3rd. Finally, the mass diminishes, but in this diminution it is important to distinguish two phases: (*a.*) The above-mentioned inflammatory zone, after having become temporarily congested, is absorbed; the fibroid becoming thus more freed appears to be smaller and harder, but this diminution is only apparent. This is the period at which we observe the diminution of the pains, the building up of the general condition and the cessation of the hæmorrhages, if they have not already disappeared after the first sittings. The momentary aggravation of all the symptoms which occurs sometimes at the beginning of the treatment depends generally on the congestion of the inflammatory zone. (*b.*) The fibroid itself at last diminishes; but this effect is far from being constant, and is only produced after the amelioration of the symptoms has been obtained, and provided we continue the treatment long enough.

It will thus be seen that the electrical current has more influence over the products of inflammation surrounding the tumor than it has on the tumor itself. In eight of the total number cited above, very large masses, which appeared at first to be homogeneous, were seen to become separated into a variable number of segments; the explanation being that they were really several fibroids joined by a sort of solder, and which became free again after the melting away of the latter. In two other patients the fibroids, which were adherent to the neighboring parts, became movable for the same reason.

From the consideration, not only of the above remarks, but of other observations as well, which I have made in my practice, I am inclined to attribute great importance to the development of metritis around the tumor, which latter I consider as indifferent when stripped of all inflammatory zone. From a clinical point of view we are thus led to distinguish two classes of these productions—the first tolerant, not having brought on inflammation around it and often not causing any inconvenience; the second intolerant, surrounded with an inflammatory one and making their presence known by a lot of symptoms—but is not this just what happens in many other diseases?

Sometimes, though rarely, the treatment is followed at the end of several months by an atresia of some part of the cervical canal, or even of the uterine cavity. This narrowing yields easily to gradual dilatation and is of no importance. It is, however, advisable to warn the patients of the possibility of such a thing occurring, and to make them promise to consult their physician if menstruation should become painful.

So much for the ulterior results of intra-uterine electrolysis. During the seance itself the following local phenomena may be observed. (*a.*) At the beginning, during what may be called the period of ascension, or gradual increase of the current, we sometimes see a contraction *en masse* of the tumors and uterus, which is quite perceptible to the hand. This phenomenon showed itself with the greatest clearness in three of my patients, and it appeared at each sitting. (*b.*) We shall then find that there is a congestion of all the organs which increase manifestly in volume. The neck of the uterus is turgescent. This congestion is almost constant and lasts generally several hours. It is generally accompanied by colic, which is evidently due to slow and partial contractions of the uterus, which, however, are not perceptible to the hand. (*c.*) At the end of the sitting, during the period of diminution of the current, I have sometimes noticed a contraction resembling somewhat that of

the beginning, but not so strong. We have now seen the principal immediate and remote phenomena resulting from intra-uterine electrolysis..

A few physical considerations would, I think, easily show that these results are only what we might expect from the passage through these organs, but this would take up too much of your time. It is, however, possible to explain in a few words the two principal actions of the galvanic current; its hemostatic effects, and the effect of bringing about resolution of circum-uterine inflammation at first and afterwards the diminution of the fibroid. When a current of sufficient energy passes through living tissues several phenomena are produced of which the principal are the following:

1st. In the very interior of the tissues a decomposition and successive recomposition of each molecule leading to a flow of acid elements to the positive pole. This chemical action, which is perhaps the base of the resorptive power of the current, which perhaps constitutes of itself the somewhat hypothetical assemblage of phenomena, which remark gathered together under the name of catalytic action, is less energetic in the depth of the fibroid, a tissue which is more resisting, electrically speaking, than the surrounding tissues engorged with conduction fluid, and consequently offering a much less resistance.

2nd. A secondary action of the positive pole—the production of a hard and dry scab in the uterine cavity, and afterwards of a cicatrical tissue which is not permeable and which is retracting and consequently producing a hemostatic effect, which is often very prompt.

I ought to bring these considerations to a close here, but a few remarks naturally occur to my mind.

The caustic and electrolytic effects increase with the strength of the current. Is that the case with the curative effects; at what dose does the current cease to be curative and begin to be dangerous for the patient, either by producing too *deep eschars*, or by causing in the depths of the tissues too violent changes, *evincing* themselves by inflammation? I am not in a position to decide this question; I have nearly always made use of currents in the neighborhood of 100 or 120 milliamperes, the results having been favorable with this dose I did not think it advisable to exceed it, except in a few rebellious cases. Of one thing I am certain, that is, that with a moderate intensity, and on condition that the antiseptic precautions so much insisted upon by Dr. Apostoli are rigorously carried out, the treatment of uterine fibroids by intra-uterine electrolysis, performed without force, is absolutely without danger. In about 1,100 sittings, of electrolysis, performed on 97 patients, I have only one single accident to record—a serious menace of phlegmon in one of the patients of Dr. Foisson; but it is only right to say that this patient went out immediately after the third application against my express orders, and dragged herself with difficulty through the snow a considerable distance to her home.

Individual tolerance is, however, the safest barometer to indicate the strength, and, as Apostoli recommends, we must always commence with feeble doses before attaining the maximum which we wish to reach, and especially we must not be too daring. As for the questions relating to the duration of the treatment, the number of applications and the interval which should elapse between them, the cases differ so greatly from each other that it is impossible to lay down any precise rule. As a rule the treatment should be long, lasting several months: the applications being made about twice a week. Sometimes the improvement is much more perceptible after the treatment is over than during the course of it.

One more observation and I shall close—As long as there is a noticeable swelling of the tumor at the time of menstruating the patient is not cured, and we may expect

further hæmorrhages. I generally stop the treatment when one or two periods have been passed without normal congestion, and when I have reason to believe that the tumor has become merely a well-tolerated foreign body.

Correspondence.

BERLIN LETTER.

(From our own Correspondent.)

Editors CANADA MEDICAL RECORD,

SIRS:—Nearly a year ago, when I was in New York, I promised to write my impressions of medical Berlin, more particularly with reference to the comparison sometimes made between that city and other teaching centres, with especial consideration of their relative merits as regards practical medicine and surgery.

I ought, it now appears to me, to have limited this promise of mine to those studies in which I am myself more particularly interested and of which I know most, viz.: those of the special senses. To begin with, it is almost essential, especially in Berlin, that one should have a "working" knowledge of German. Lectures are all given in German and so, too, is most of the instruction. A minority of the instructors speak English well and perhaps as many more speak it in a halting sort of way. Again, in intercourse with patients, if one wishes to make his own inquiries, which is usually desirable, one must have had practice in the common German of the district. To any one thinking of studying in Berlin I would say—learn as much of the grammar as possible before coming, and translate some short German text book or text books upon the subject or subjects intended to be studied here. Then, on arrival, seek out some *pension* or rooms "where no English congregate" and as much as possible associate with Germans. Do not try too many courses at first but devote most of the time to the acquirement of a fairly substantial familiarity with the devious ways of the German tongue. I think it is only fair for me to say that those who have been led to expect that they will speak fluently or even correctly in a few months or so, will be surely doomed to disappointment. Fortunately, the one thing which it is desirable to retain upon one's return home is the ability to read and translate German literature, periodical and other, with some approach to ease. That power can be much more easily acquired and for an indefinite time retained, if one will only keep up his reading regularly. The subsequent retention of the power of German speech naturally depends upon continual practice, a condition of things not often attainable in purely English communities.

The advantages presented here for study of diseases of the *eye* are, so far as I can learn, unsurpassed by those of any other city in the world, with perhaps the single exception of London. Schweigger lectures and operates daily at noon in the Königl Augenklinik during the University semesters. He it is who gives the ordinary University semester lectures to students: and immediately after the lecture the operations take place which every practitioner is welcome to see. Prof. Schweigger is very courteous to strangers and takes pains to reply, in excellent English, to any question put to him. In the same klinik Drs. Salix and Horstmann give occasional monthly courses, those of the former being especially good. Hirschberg, whose name is perhaps better known in America than any other Berlin eye surgeon, gives admirable courses, and although he impresses the new-comer as being an adept at "blowing his own trumpet," I consider him to be a truly scientific man and a good teacher. Those who are not effected to any extent by the personal qualities of a teacher will do well to visit his klinik on Karlstrasse. Prof. Hirschberg, unlike his two *confrères*, not only gives a regular semester course but also lectures

during the spring and autumn Ferien or vacation terms. These admirable courses, intended for practicing physicians, begin at the end of each semester, *i. e.* in April and October, and last from a month to six weeks. They are commonly given upon all the branches of medicine and surgery by the Docents of the University, and often by the first assistant of the chief of a klinik, some of whom excel their superiors in their methods of treating their subjects. The third eye klinik, Prof. Schöler's, is well-known to Canadian students of ophthalmology. The Professor himself speaks no English, but he is cordiality itself, and so every American especially finds a hearty welcome at No. 2 Karlstrasse; is invited to make himself at home; is shown the cases (120 to 150 patients a day), and when he has acquired, or if he already possesses, a moderate knowledge of ophthalmology *and* German, is permitted to assist in doing the preliminary examinations of patients for Prof. Schöler. Dr. Uhthoff, the first assistant, is a fitting complement to such an amiable chief. He speaks English, and goes out of his way to instruct and assist students, and is unremitting in his attention to strangers. Prof. Schöler gives an admirable semester—November to March and May to October—operative courses on the surgery of the eye, operations being performed by the students, first upon eyes in the mask and finally upon living rabbits' eyes. I cannot speak as favorably of Berlin as a place for studying diseases of the *nose* and *ear*. Dr. Arthur Hartmann's private klinik, where monthly courses are given nearly the year round, is, so far as I can learn, not to be surpassed, even in Vienna, for the acquirement by post-graduates of a practical knowledge of otology and rhinology, Dr. Hartmann is best known as the author of a scientific method (*Hörprüfung mit Stimmgabeln verschiedener Tonhöhe*) for the tuning-fork examination of the hearing powers of the patient, corresponding to the examination commonly made of the perceptive qualities of the retina (field of vision) in diseases of the eye—the *Gedichtsfeldscheme* of the Germans. In this similar way a picture of the hearing faculty is drawn, without which a definite diagnosis of certain obscure ear affections is often difficult or impossible. Unfortunately, however, the number of students capable of being accomodated in Hartmann's klinik is too small for the growing demands for this advanced and practical kind of instruction required by post-graduate students, and outside of this particular klinik there remains, so far as I can learn, nothing equal to the various kliniks in Vienna—of Polizèr, Grüber, Urbonschtsch, etc. Dr. Hartmann speaks admirable English (and I might add French and Italian) and is conversant with the writings of English otologists.

I had an opportunity of becoming acquainted, also with Dr. Hartmann's assistant, Dr. Cholewe, an accomplished and original thinker and an able assistant of his brilliant chief. For the ordinary student the Konigliche Ohrenklinik under Prof. Lucae, where the regular semester courses are given, and where, during the spring and autumn Ferien, Dr. Docent Jacobson lectures, the beginner has admirable opportunities to acquire preliminary knowledge. Some friends of mine speak highly of Dr. B. Baginsky's courses on the ear, but as he also superintends a throat klinik I was not much impressed by the opportunities there.

Regarding diseases of the *throat* it may be said, in a word, that there are several courses in Berlin suited to all the requirements both of the tyro and the advanced student. I presume that the palm in otology and laryngology may be awarded to Vienna, but judging from the recent and numerous reports of the over-crowding and the "stock-watering" of the seats in these and other kliniks of the Kaiserstadt I am afraid that the teaching sceptre is slipping from the grasp of the *Allgemeines Krankenhaus*. I know quite a large number of students

who have told me that after a trial of the throat courses in Vienna, Berlin and London they consider it waste time to wait, as they would have had to wait, two, three or four months for a seat in the favorite kliniks of Schnitzler or Chiari. Here Prof. Fränkel's regular semester course costs about as much as one month with Schnitzler, and as far as I can learn is quite equal to it, so far as present opportunities go. To come back to Berlin—Prof. Krause's monthly private courses are better adapted to advanced students who are also familiar with German. Prof. Fraukel speaks only German and French, but his two assistants—Drs. Rosenberg and Schienmann—especially the former, speak English. Prof. Krause also speaks admirable English. Although with the exception, perhaps, of an excellent semester course on the physiology of the eye, by Dr. Hans Virchow, at the *Thierartzneischule*, there are no special courses to be had here on the pathology and physiology of the organs of the special senses, yet the general courses (including these subjects) to be had here are excellent, as for example the renowned lectures in pathology by Prof. Virchow in the Charite, and the practical physiological and histological courses by Du Bois Raymond, Feitsch and others in the Physiological Institute. Moreover, private arrangements can always be made to confine one's studies to any special channel in any of the above laboratories or institutes here. As of old, the disadvantage compared with Vienna from which Berlin in common with London and New York suffers is that the kliniks are scattered over a rather wide area—are not convenient in fact—while as is well-known, in the Austrian metropolis they are, almost without exception, confined within the walls of the large general hospital. Decided advantages possessed by Berlin over Vienna, however, are that the summer is usually agreeably cooler; living is comparatively cheaper—about one-third—and the courses are less crowded than they are in Vienna, and finally, to those who are effected by that sort of thing, it is perhaps a consideration to live in an energetic, progressive, clean, woman-respecting city like the German capital, as opposed to associating with the retrograde, immoral and frivolous race mixture that composes the population and that shapes the destiny of Vienna. I shall shortly go up to the Austrian capital to spend several months there in study, and I promise to write and apologize for the last comparison of mine, if I find that the impressions gained during my brief visit there two years ago, and deepened by intercourse with friends who have lived there since, are not confirmed by this subsequent experience.

What I have said about the relative merits of Berlin and Vienna as regards teaching in the department of the special senses applies generally to the other branches of our profession. The work is less concentrated, less convenient and more difficult to locate (if I may use the word) than in Vienna, and possibly the hours are not so well arranged as in the latter centre, but I do not think any one coming here will experience any difficulty in finding plenty of opportunities to employ his time in whatever study he may elect.

I would not have ventured to refer to the thread-bare story of Sir Morell Mackenzie and his German experiences, if I had not just read an article in the RECORD which, to my mind, is extremely misleading, although it re-echoes the opinion of a number of English people to whom I have spoken about the matter. I have read both "*Die Krankheit Kaiser Friedrich III*," the official declaration of Professors Bergmann, Gerhardt, Wegener, etc., the German doctors in attendance, and "*Friedrich der Edle und seine Aertzr*, Dr. Mackenzie's reply, and as the one thing discussed among my German teachers and the Anglo-American colony for months was this world-renowned quarrel, I am in a fairly good position to know something about the subject. I wish to defend Dr. Mackenzie and the family of

the late Emperor from the imputation that they together entered into a sort of conspiracy to defraud the German royal exchequer of several hundred thousand dollars per annum and the Prussian monarchy of a throne. As prelude I may say that, as it happens, the law of succession spoken of in your editorial refers to incurable *mental* diseases and not to cancer.

No; the only explanation to be entertained is the one which Sir Morell himself gives, viz.: that he was mistaken in his diagnosis, or, what amounts practically to the same thing, that he failed to make any diagnosis. He maintains this plea throughout the whole of his long report and, in the absence of other evidence to the contrary we are, it strikes me, bound to believe him. To entertain any other view is to insult the family of the dead Prince as well as Sir Morell himself. It is said, on pretty good authority, that had the late Kaiser known in the early days of the disease that he had cancer he would probably have not permitted an operation in view of the extremely doubtful result. Again, your editorial to the contrary, the present Kaiser did not give Sir Morell "a speedy dismissal" on the Emperor Friederick's death; on the contrary he requested him, as Mackenzie himself tells us, to remain behind for several days until after the autopsy, a detention for which the English doctor charged and received, according to the Berlin papers, more than a thousand marks a day. That Sir Morell Mackenzie's *conduct of the late Emperor's case* is strongly disapproved of by an influential section of the profession in England is well-known, and is seen, among other indications, in the recent resignation of the secretary and some of the principal members of the newly constituted British Laryngological Society, of which he is president. I also hear that he has been obliged to resign from the Royal College of Physicians. The publication in the *British Medical Journal* of a *fac-simile* of the Emperor's note, in which a reference derogatory to Prof. von Bergmann is made, is said, the editor's statement to the contrary nothwithstanding, to have been made with Dr. Mackenzie's knowledge and approval. An investigation by the council of the British Medical Association into the matter will shortly take place. I am anxious to assist in clearing the family of the Kaiser Friedrich from the imputation of being privy to a conspiracy, because, in my humble opinion, among all the male figures that surrounded his person during the last year of his life, his was the one that stands pre-eminent, claims our attention, and demands our respect. On the one hand we see the group of German doctors who, although disagreeing in diagnosis and treatment with the physician in charge, yet for reasons doubtless sufficient for *them* continued to attend the sick man, and on the other, the English physician with his small band of followers leading a forlorn hope, putting always the best side of the case to front; refusing until the last to see any but favorable symptoms, and ever hoping against hope; as a result we have had the bickerings, the jealousies and the recriminations which have done not a little to bring our profession into disrepute. In this case we seem to be reminded of the doctors' squabbles so well portrayed in the last of Hogarth's pictures of "*Marriage a la mode.*" As a contrast to these petty side scenes it is a relief to turn to the contemplation of the patient himself, a man *integer vitæ*, firm of purpose, thoughtful for others in the very face of death which he met with a calmness befitting his reputation for bravery and nobility of character.

C. A. W.

Berlin, December 6th, 1888.

An enema of a strong infusion of green tea has acted antidotally in a case of opium poisoning,

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When the muscles of the orbit are paralyzed, without any apparent local trouble in the eye or brain, rheumatism will be the most likely cause, or else some lesion of the spinal cord.

Progress of Science.

Pain at the tip of the shoulder, so frequently sympathic of peptic disease, is also present in cases of disease of the pancreas. The other symptoms include a deep aching pain below the centre of the epigastrium, radiating through to the back, chest-walls, and left lumbar region.

CREOLIN IN GONORRHŒA.

Gonorrhœa, which has resisted other treatment, has frequently yielded in Dr. Margaretti's practice to irrigations, twice daily, with a solution of creolin of the strength of 5 to 8 per cent. administered through a hollow sound.—*Lancet.*

TINCTURE OF IRON.

A convenient method of prescribing tincture of iron in a mixture that is not inky, is the following: R. Tint. ferri chloridi, f ʒij; potass. citrat., ʒij; tinct. gentian. comp.; elixir. simplicis, āā f ʒ iij. M. Sig.—Two teaspoonsfuls in water after meals.—*Coll. and Clin Record.*

TALIPES AND SPINA BIFIDA

Talipes calcaneus in infants is commonly found associated with spina bifida. When the foot is drawn up permanently towards the forepart of the leg, with great prominence of the heel, a tumor constituting spina bifida may be looked for in the lumbar spine. Club-foot is also frequently thus associated.—*Medical World.*

The hysterical paralysis of the bladder, which is not infrequently met with in young females, generally yields to the administration of ergot and strychnine; say half a drachm of liquid extract and five or six minims of liquor strychniæ (P. B.) in chloroform water, three times a day. Of course the catheter is sometimes, but not always, required.—*Medical World.*

FOR BACCHANALIANS.

Half a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore his faculties and powers of locomotion to a man who is helplessly intoxicated. A wineglassful of strong vinegar will have same effect, and is frequently resorted to by drunken soldiers to enable them to return steadily to their barracks.—*Medical World.*

INFANTILE PARALYSIS.

A case of infantile paralysis, with this history: At fifteen months of age had an attack of hemiplegia, with more or less restoration; no electric sensibility; marked diminution of electro-contractility. Professor Bartholow prescribed the combined action of galvanic and faradic currents; internally, hypophosphites and cod liver oil, and hypodermatic injections of strychnine into the muscles.—*Coll. and Clin. Record.*

SALICYLATE OF SODA IN PRURITUS.

After having tried arsenic, bromide of potassium, atropine, sulphur baths, alkalies, emollients, etc., without any results in a case of pruritus, M. Icard caused the symptoms, which had continued for eight or nine months, to disappear upon the day after the use of the salicylate of soda, three grammes a day. There is still no return of the trouble.—*La Gazette Médicale.*

FOR VOMITING OF PREGNANCY.

(Blumensaudt.)

R.—Cocaine hydrochlorat.....gr. iv.
Tinct. anisi,
Spts. menth .....āā ʒijss.
Syr. cinnamoni.....ʒj
Aquæ tiliæ.....ʒ ivss.—M.
Sig.—Dessertspoonful every hour or so.
—*La Gazette Médicale.*

COCAINE IN DENTITION.

M. Viguier has proposed the following to relieve the pain which children suffer when cutting their teeth, especially the canine teeth:

R.—Cocaine hydrochlorat.....gr. 2.
Syrup simp .....ʒ 2½.
Tinct. saffron .....gtt 10.—M.
Sig.—Rub the painful parts of the gums many times a day.—*La Clinique.—La Gazette Méd.*

SOLUTION OF SACCHARATE OF LIME FOR BURNS.

This solution gives excellent results in burns produced by fire or acids. It is prepared by grinding together five parts of slaked lime with ten parts of sugar, and then shaking it with one hundred parts of water, and filtering after twenty-four hours. — *Pharm. Centrahalle.—Journal de Méd.*

ACTION OF IODIDE AND BROMIDE OF POTASSIUM UPON MORPHINE.

(Dr. H. Kunz.)

After numerous experiments, performed for the purpose of determining the identity of the hydriodate and hydrobromate of morphine, the author arrives at the following conclusions:

1. It is necessary, as well as possible, to avoid

using in prescriptions the iodide and bromide of potassium in combination with a salt of morphine; or when they are so used to prevent, by the addition of an alcoholic liquid, the formation of a precipitate.

2. Prescriptions containing these salts ought always be labelled "shake before taking."—*Journal de Médecine.*

TEMPERATURE IN JAUNDICE.

In case of jaundice, the bodily temperature is abnormally low, except in those instances where jaundice is occasioned or accompanied by a disease which of necessity begets fever. When the liver is performing its functions naturally, much heat must necessarily be generated by the rapid chemical changes involved in its work; but when these changes are lessened or held in abeyance, as occurs in jaundice, the temperature would fall, and no doubt affect the whole system in like manner.—*Medical World.*

BONES OF THE INSANE.

In many cases of insanity, the osseous structures undergo certain pathological changes, which render them peculiarly liable to fracture on the application of very moderate force—a degree of force in no way commensurate with the effects produced. This condition especially affects the ribs; the attendants on lunatics are open to charges of unnecessary violence, when the patients may have received their injuries through the unnatural brittleness of their own bones—a condition known as *osteomalacia.*—*Medical World.*

INCOMPATIBLE ANTISEPTICS.

The *Journal de Médecine de Paris* points out the incompatibility of the following commonly prescribed substances:

Corrosive sublimate and iodine.
Corrosive sublimate and soap.
Phenic acid and iodine.
Phenic acid and permanganate of potassium.
Iodine and soap.
Salicylic acid and soap.
Salicylic acid and permanganate of potassium.
Oil, soap, or glycerin, and permanganate of potassium.

COCAINE IN QUINSY.

The British Medical Journal of May 19, 1888, contains an article by Dr. de Havilland Hall in the treatment of acute tonsillitis by cocaine. He reports several cases in which the disease had been cut short by the free application to the fauces of a twenty pe rcent. solution of cocaine, and believes that the drug acts by diminishing the sensibility so that deglutition can take place without pain, and also by diminishing the local congestion so that the inflammatory process is arrested. It would appear that cocaine is more active after the throat has been cleansed by a solution of bicarbonate of soda.—*Sacramento Medical Times.*

TO PREVENT FEET SWEATING AND SWELLING.

In the German army the soldiers are furnished with a powder called *Fuszstreupulver*, foot powder, which they are instructed to sift inside and outside their socks and the use of which effectually prevents sore feet by keeping them dry and free from chafes. Those classes who are constantly on their feet should make a note of this. The powder consists of 3 parts salicylic acid, 10 parts starch and 87 parts finely powdered soapstone.—*American Druggist.*

THE CONSTANT CURRENT IN EPILEPSY.

Dr. Niemeyer has obtained some successful results in epilepsy, by combining the employment of the constant current to the brain in combination with the internal use of small doses of bromide of potassium. The anode was moved about over the forehead, the cathode being held in the hand; or the anode was fixed on the nape of the neck, while the cathode was moved over the forehead, or applied immovably over the gyri centrales of both sides. The treatment was carried out for ten months, the result being that one patient had no attack for two years and three months; another, who had previously had an attack about every month, had, after treatment, only two fits in twenty-five months; and a third patient, who had been in the habit of having three or four fits a day, remained free for seven weeks.—*Lancet*, October 13, 1888.

THE TREATMENT OF CARBUNCLES AND BOILS.

According to Eade (*Lancet*), carbuncles can be cut short at almost any stage of their course. When they begin as pimples, continuous soaking with a solution of a mild antiseptic, such as boric acid, or salicylic acid, will almost certainly destroy them. At a little later period they may be aborted by thrusting freely into their central or cribriform openings a strong solution of carbolic acid in water or glycerin. When they become large and solid they must be partially or entirely excised or else incised and the boggy material scraped away. If surgical proceedings are refused, the continuous application of carbolic solutions in oil or glycerin, with or without poulticing, will do much to improve their con-

dition. Boils may be treated on the same principle, but the heroic surgical procedure is not necessary.

TEREBENE IN BRONCHORRHŒA.

Martin has obtained in bronchorrhœa excellent results from terebene. He mentions one particularly aggravated case of long standing, in which it was given in a mixture containing ♏x of gum terebene, ♏x of spirits of chloroform, ʒj of mucilage of tragacanth, ʒss of syrup, water to ʒj. This proved most palatable to the patient. Four doses and sometimes five, were given in the course of twenty-four hours. The effect upon the bronchial secretion was immediate, and steadily maintained. The heart also seemed to respond to the stimulant nature of the drug, and its effect upon the atonic and flatulent condition of the bowels and stomach was remarkable. The tongue cleaned, the appetite increased, digestion became comfortable, with consequent increase in general strength. No nerve symptoms were noticed, as was the case when brandy or whiskey was given. From the day the terebene was ordered there was a steady improvement of a most marked character.—*Medical Press*, Aug. 29, 1888.

"KNEE-JERK."

"Knee-jerk" is the most familiar and most demonstrable of the tendon reflexes. It is easily tested by hanging the leg of the patient over the fore-arm of the physician, whose hand is meanwhile placed on the patient's other knee. The leg should then be struck smartly with the edge of the hand (or with a percussion hammer), upon the bare skin. Reflex contraction of the quadriceps extensor muscle will be excited, and the foot will be involuntarily jerked upward. The manœuvre should be tested on both legs, as a perceptible difference between the two sides may indicate some pathological condition of the spinal cord. The absence of knee-jerk, however, is no positive sign of disease. Reflex movements may be excited in any sensitive part of the body, as the sole, the thigh, the buttock, the scapula, or the abdomen. Foot-clonus, personal reflex, and tendo-achilles reflex are examples of deep tendon reflexes. "Knee-jerk" has been a common source of amusement among young people for years.—*Medical World*.

TREATMENT OF SWEATING OF HANDS AND FEET.

Unna recommends for this affection, when the parts are cold, that before the patient goes to bed he should bathe the affected parts with hot water, to which has been added some irritating substance, such as camphor, mustard or vinegar. Then, after drying, the part should be enveloped in an ointment which will cause hyperæmia, such as one of turpentine and ichthyol, each five parts, to oxide of zinc ointment, ten grammes. In the morning the ointment is to be washed off and the parts are to be rubbed with ice-cold water, the friction being continued till hyperæmia and warmness of the skin are induced; then the skin is to be powdered with a powder containing mustard flour. If the feet are affected the stocking should be powdered before they are put on. Where the parts are warm, the hot and cold baths are to be omitted and ichthyol is to be used; lukewarm baths in the evening, followed by two and a half per cent. ichthyol ointment, washing off with lukewarm water and ichthyol soap in the morning and leaving on some of the dry soap-suds, is the method of treatment.—*New York Med. Journal*, Nov. 17, 1888.

ANGIOMA OF THE FOREHEAD.

The *Revista de Ciencias Medicas*, of Havana, contains an account of a case of angioma of the forehead which was successfully treated by electrolysis. The patient, who was under the care of Dr. Raimundo Menocal, was a little girl, aged two years. The tumor, which was of the size of a large filbert, was smooth and soft; it was of violet color, and could be reduced by steady pressure. It had appeared soon after birth, and was growing gradually larger. Elastic compression had been tried without result. On August 6th, Dr. Menocal applied electrolysis, introducing the needles in various parts of the tumor, but always with the points toward the centre of the mass. The application, which was continued for three minutes at a time, was repeated every three days. The tumor was somewhat diminished in size after the first sitting; at the fourth, eschars were observed about the negative pole, which were thrown off a few days later. This was followed by a little suppuration, but there was no hæmorrhage. At the date of the report no trace of the tumor remained except a few tiny scars.—*British Medical Journal*.

SAVING OF THE PERINÆUM.

Dr. Lusk has placed himself upon record (*Am. Jl. Obstet.*, Aug., 1888) as holding that laceration of the perinæum during labor is, with a healthy vulva, never inevitable but *always* to be avoided. He lays great stress upon a slow descent of the head. By preventing the head from coming out quickly the parts will slowly dilate and relaxation is gradually accomplished. This accords with the writer's experience. Cases of rupture occur mostly in primiparæ and quite commonly as the result of the use of forceps. It is in this class of patients that there is the greatest temptation and the greatest stress brought to bear upon physicians to resort to in-

strumental aid. The result is very often a tear of the imperfectly relaxed tissues. The impatience then of physicians in first labors is to be deprecated. It may be brilliant and it certainly will enhance the Doctor's reputation and the gratitude of the patient who is experiencing for the first time the terrible throes of childbirth, to be able to give her quick relief, but the practice often comes under the head of "meddlesome midwifery." It is astonishing how much stretching the perinæum will bear. It seems sometimes as though the attenuated tissues would certainly yield the next moment before the enormous pressure of the on-coming head, but wait a little and it passses without injury to the soft parts. The old-fashioned support of the perinæum which is so much decried by modern obstetricians may be of use, then, in two ways; 1, by delaying the descent of the head, permitting the more thorough stretching and relaxation of the issues, 2, by keeping keeping the occiput well against the symphisis pubis and away as much as possible from the point of danger.—*Maryland Medical Journal.*

THE PUPIL AS A GUIDE IN THE ADMINISTRATION OF CHLOROFORM.

The *Medical Record* has the following:—

As a result of experiments upon animals and of observations made upon man, Dr. H. I. Neilson formulates the following conclusions:

1. The first effect of chloroform narcosis on the pupils consists in a dilatation which varies in intensity and duration in different individuals. As the anesthesia becomes more profound, the pupils then begin to contract, and finally become very small and immovable. If now the chloroform is pushed still further, a sudden dilatation occurs, which is the result of asphyxia, from which the patient seldom recovers.

2. As long as the pupil is observed to dilate in response to sensory stimuli, such as pinching the skin, the anesthesia is not yet sufficient to allow the commencement of the operation.

3. As soon as the pupil becomes strongly contracted and immovable, the administration of the anesthetic must be suspended until a commencing dilatation is observed, and the patient must be held at just this point as long as the operation continues.

4. Vomiting causes a dilatation similar to that occuring as the patient emerges from the narcotic condition, but it is usually more sudden in the former case. In experiments upon dogs it was found that the contraction of the pupils did not begin until the blood pressure was somewhat reduced, and that the dilatation proceeded *pari passu* with the increase in the blood pressure. The author regards the appearance of the pupil as a very reliable guide for the administration of the chloroform, as by it he is enabled to judge accurately concerning the condition of the patient.—*La Riforma Medica.*

INFLUENZA.

This malady, known in France as the *grippe*, is just now epidemic in London, and possibly elsewhere in the British Isles. It is quite distinct from the ordinary "cold in the head," to which it stands in much the same relation as cholera does to summer diarrhœa. It is not, strictly speaking, infectious, although it occurs in epidemic form. The victims are stricken down simultaneously, often by hundreds and even thousands. The first great epidemic occurred as far back as 1580, and spread all over Europe. Since that time epidemics have broken out at irregular intervals, differing only in extent from their mediæval predecessors.

The most marked feature of this really redoubtable, though not necessarily fatal, malady is the intensity of the nervous phenomena, and the prostration which it leaves behind. It is related that some years since the entire crew of a man-of-war cruising in the Channel were incapacitated within a few hours to such an extent, and with such impartiality, that the vessel had to hoist signals of distress and obtain assistance to navigate it. When it invades a town, the disease does not, as with infectious maladies, start from a limited area, but conquers the whole population at one fell swoop. The rapidity with which it travels is also remarkable. The epidemic of 1847 in one month skipped from Spain to Newfoundland, and even from New Zealand to Valparaiso, Syria, Africa, and even to Hong Kong. It usually travels from east to west, but does not appear to obey any general law, and although in some instance outbreaks have seemed to be consequent on sudden changes of temperature, they have supervened in all seasons and in all climates.

Apart from the ordinary symptoms of catarrh, respiration is often extremely embarrassed, and sometimes death results from positive "paralysis of the lungs." This interference with the pulmonary function may perhaps explain the prostration which persists long after the principal symptoms have disappeared, and incapacitates the sufferer from work for a period of time varying from one to three weeks. It is comparatively rare in England in its aggravated form, and therefore often gives rise to unnecessary alarm.—*Medical Press*, October 24, 1888.

TUBERCULAR PERITONITIS.

The *Archiv für klinische Chirurgie* publishes a paper by Dr. Kümmel, of Hamburg, on peritoneal tuberculosis. He says that many physicians even now believe that tubercular peritonitis

is always a symptom of general tuberculosis. There are, however, many cases to prove that this form of tuberculosis is as purely a local affection as tubercular disease of the bones and joints, and that it is curable by surgical means. The earliest case on record was that operated on by Sir Spencer Wells in 1862, when he performed laparotomy with the view of removing an ovarian cyst. Finding that he had tubercle of the peritoneum to deal with, he drained it, and the patient was still in perfect health in 1887. Kümmel has collected forty cases of operation for tuberculous ascites. Two of the patients (both operated on by Naumann) died of pyæmia; thirty-eight recovered from the operation; only three of these died afterward of phthisis. Thirty-five remained healthy up to the date of the report; they had increased in weight, and their health was excellent; even the symptoms of pulmonary phthisis disappeared in some cases. Thirty-nine patients were of the female sex. In each case an erroneous diagnosis was the cause of the operation. The disease was always supposed to be a tumor of the ovary, or some other abdominal tumor with liquid contents. Only once the ascites was found in the course of an operation for ileus. The symptoms of the disease are those of circumscribed ascites, but the affection may also simulate tumors of various kinds, for, by adhesions of the intestines, there are formed pockets and cavities, receptacles of pus, serum, etc. The favorable results of the operation justify laparotomy for peritoneal tuberculosis in every case in which it is possible to recognize the affection. Even the existence of pulmonary phthisis does not contra-indicate the operation.—*British Med. Journal*, July 7, 1888.

THE WINTER DRESS OF MEN.

When any question is raised as to the wisdom or otherwise of certain modes or habits in regard to dress, it is commonly supposed that it is only foolish women or helpless children who require advice. There are perhaps at least as many men as women who suffer from the effects of cold through injudicious neglect of the clothing suitable for winter use, and thus contract sciatica, rheumatism, or pneumonia. Men acquire lumbago from the open coat and the waistcoat with a cotton back, but which ought to be lined with flannel. Not only do men frequently neglect to use an overcoat with the commencement of the cold season, but often they will leave the frock-coat unbuttoned, so that it becomes almost useless in a cold wind as a means of protecting the loins. Tight kid gloves and tight thin boots are frequent causes of cold hands and chilled feet, especially when accompanied by the persistent use of thin socks. When there is a known tendency to catarrh, or delicacy of lungs, the garments should be made well-fitting round the neck, and collar not too loose and open, the waistcoat buttoning high, while continuous flannel undergarments are used uniformly over the body. The dress clothes being so much thinner than those worn during the day, it is well that in winter a high-fitting waist-coat be used under the shirt to protect the trunk. These and many other common-sense points as to winter dress are frequently neglected till mischief has occurred, or a warning has taught wisdom. The wiser man is he who changes his clothing according to the weather in such a variable climate as ours.—*Brit. Med. Jour.*

THE PERFECT VAGINAL TAMPON.

By Robert Morris, M. D., New York.

N. Y. Med. Record, August 18:—Adopting Wylie's suggestions as to the form of a cylindrical tampon, to be made with absorbent cotton, and the idea of some one else as to the value of wool, I combined the two in such a way as to please patients.

It is not easy to give the exact proportions of cotton and wool used; but, like a woman's receipt for cake, we take "about so much of each ingredient." The wool is wound with several half-hitches of thread into a loose elastic cylinder two or three inches in length, and about one inch in diameter. The cylinder is then covered with a layer of absorbent cotton one-quarter of an inch thick, except at one end, where the wool is allowed to protrude a little. The cotton is bound on with three or four more half-hitches of thread.

The tampon, now complete mechanically, is dipped into Wylie's solution (alum, ℥i; boro-glyceride, ℥i; glycerine, ℥iii), and it is then complete mechanically. It is inserted with the aid of a Sims speculum and long forceps. Hamilton's bullet forceps are the best ones for the purpose.

The philosophy of the apparatus is as follows: The elastic wool centre prevents the cotton from contracting into a hard mass, and it acts as a drainage tube, because, being non-absorbent, it allows fluids to percolate freely through it. The end of wool which protrudes from the tampon nestles just within the sphincter vaginæ, and being springy and spready, it prevents the tampon from slipping out.

The absorbent cotton-covering holds the medicated solution in contact with congested tissues, and allows transmission of discharges in the whole centre.

The glycerine, because of its affinity for water, causes a rapid exosmosis of serum from congested tissues, and in such quantities that a patient will frequently have to wear napkins to catch it. The alum acts in its well-known way as an astringent; and the boro-glyceride as an antiseptic prevents fermentable fluids within the

vagina from decomposition. This tampon, above described, may be left in the vagina for several days at a time, and it will remain neat and sweet, and will not irritate the membranes with which it comes in contact.

Some of the tampons that are made after my description will not have a projecting tuft of wool at the lower end, and the makers will wonder why the apparatus does not stay in the vagina better. A majority of first specimens will be wound so tightly that the uterus will be irritated, or so loosely that the uterus is not comfortably supported.

The wool spoken of is surgeon's wool. To be obtained at all wholesale drug houses at about $1.50 per pound.

INDUCTION OF PREMATURE LABOR.

In a lecture on this subject (*N. Y. Medical Journal*), Dr. Wm. M. Polk said, that this operation was much more common than formerly. In former times it was thought that the mother's life should not be considered so long as she could be delivered of a living child; and in France and some other countries this rule still holds good. In this and in most other civilized countries the mother's life is considered of greater value than that of the child.

He enumerated many of the causes which tend to threaten the life of the mother, most of them by producing extreme exhaustion.

Dr. Polk advises that consultation be obtained in every case where it is possible, before determining such an important question. He gave the following rules as to the length of time one can wait.

If you have a woman with a pelvis only two inches and three-quarters in diameter antero-posteriorly, you should induce premature labor at the seventh month. If you have a conjugate diameter of three inches, you can put off the induction of premature labor to the thirty-third week; if the diameter is three inches and a quarter, you may wait till the thirty-fourth or even the thirty-sixth week; and if the diameter is three inches and a half or over, I think you can safely let the pregnancy go on to term, and the chances are that by performing version you will then be able to extract the child alive. These are the general rules for determining the best time to induce premature labor in cases of deformity of the pelvis; but when the deformity is not in the bony structures but in the soft parts, remember that the impeding mass will now bear a certain amount of compression, and so in estimating the diameter of the outlet you should introduce your hand into the vagina and compress the swelling as much as you can, and then measure the distance between it and the opposite wall of the pelvis while you keep up the pressure on the tumor.

In regard to Bright's disease as a complication, he says, the development of edema of the lungs in connection with convulsions of albuminuria is a complication from which few escape with their lives.

In those cases in which pregnancy is complicated with kidney disease, the physician is brought face to face with one of the greatest responsibilities that he is ever called upon to bear, in determining the exact danger to which his patient is subject. He says so long as the patient is passing plenty of water and the specific gravity remains high, even though it contains a very large amount of albumen, if she does not complain of persistent headache, she is doing well enough and by well directed therapeutic measures she may be brought through to full term.—*Weekly Medical Review.*

A POSSIBLE CAUSE OF PELVIC DISORDERS IN WOMEN.

Amidst the excitement and enthusiasm attending the treatment of pelvic disorders in women, both from a medical and surgical standpoint, it is not improbable that a possible cause of these disorders may have been overlooked. Some years ago a professor of obstetrics and gynecology was considered of little advantage to a college unless he had performed ovariotomy, and when a new man was to be selected, the first question was: How many ovariotomies has he done? To illustrate the point we would make, let us take for example, the case of parturition, and it is well known that many of these arise in connection with the first confinement. There is strong uterine contraction, and it is not beyond the possibilities that in these strenuous efforts on the part of the patient, that some portion of the liquid contents of the womb may find its way into the peritoneal cavity, there to set up inflammatory action. True, this inflammation may be of such a limited character that nothing will come of it, and the patient being compelled to remain in bed for a reasonable time, nature will do much to overcome the disposition of the inflammatory product to increase, while the germs of infection may remain. Time only and favorable conditions are demanded for the development of abscess, cellulitis or other affection, and to save the patient's life, laparotomy is the only course left. Medical treatment is powerless to combat the disease, and in view of the knowledge we now possess regarding such conditions, is worse than useless. It will be said, however, that the dangers are remote, that the objection is trifling, and a pyramid of statistics will be erected to show the improbability of such an unfortunate result, but the fact remains that many of these cases date the beginning of their trouble from an unfavorable confinement.

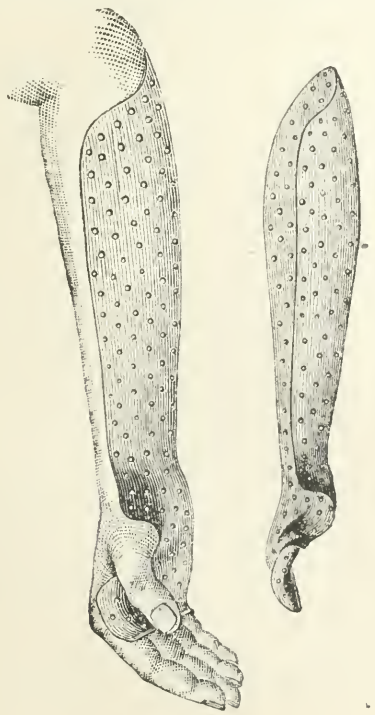
In the study of this subject, a line must be drawn somewhere, and usually it is drawn in connection with the use of intra-uterine irriga-

tion and medication, the dangers of which they are none to dispute. The question very naturally is : Are the dangers from septic infection greater from intr-uterine irrigation and medication, immediately or within twenty-four hours after delivery, than during the first stage of labor? After delivery, the uterus is contracted, and ordinarily we would suppose there was less likelihood of fluids reaching the peritoneal cavity through the tubes than during the labor period, when the muscular structure of the organ is put upon the stretch.

The above is but one of the possible dangers; another, and greater danger, lies in the use of drugs, some of which have a selective action upon the uterus, especially during the period of involution, and the diseases and disorders of females arising from subinvolution are so numerous that only the specialist can recognize them and call them by name. If permitted to enter a plea for this long suffering and much abused organ, we would suggest that due caution be observed in conducting labor, and that medicinal treatment be persisted in with the possibility in full view that septic infection may be set up by reason of the contents of the cavity not finding a suitable outlet through the mouth of thewomb.—*Phila. Med. Register.*

NEW SPLINT FOR THE FORE-ARM AND HAND.

For several years I have used with much satisfaction, for fractures of the fore-arm, especially Colle's, the metallic splint devised by the distinguished surgeon, Dr. R. J. Levis, of Philadelphia.



Recently my attention has been called to a splint made of the same material—viz : sheet copper, perforated and nickel-plated—but having an improved shape. This splint I have used in two cases; one a Colle's fracture, the other a double fracture of the radius near its middle. In both these cases it answered admirably. I am now using it on a second case of Colle's fracture. The patients find it light and easy, while it attracts no attention from its bulk, like the ordinary wood splint. It retains the member in its correct and normal position. Being of sheet copper, these splints can be easily shaped to suit individual peculiarities of form.

The splints are made in two forms, as shown in the cuts, one for the fore-arm alone and one for use where it is desired to fix the hand also. They are made in two sizes, for adults and children, and are rights and lefts. Eight pieces constitute a full set. The price of each piece is one dollar. They are made by the J. Ellewood Lee Co., of Conshohocken, Pa.

In using these or other splints, I am in the habit of lining the splint with a thick layer of *absorbent wool*. This wool is free from grease and impurities, is soft, and is eminently elastic, even when wet. This last quality renders it very much superior to cotton, as it allows of the occurrence of a considerable degree of swelling of the injured part without the bandages becoming uncomfortably tight, while the elastic pressure tends to reduce any swelling that has already occurred.—J. F. Baldwin, M.D., *Columbus Journal.*

SURGERY OF THE BRAIN—BASED ON THE PRINCIPLES OF CEREBRAL LOCALIZATION.

By Roswell Park, A.M., M.D., Professor of Surgery, Medical Department, University of Buffalo.

Brain Tumors.

The various tumors of the brain are no longer of interest solely to the clinician and the pathologist. Thanks to the researches of these gentlemen, a field of cerebral, and I may add cerebellar, surgery has been opened to us which was a few years ago literally *terra incognito.* Prompted by the brilliant discoveries of Hitzig, Fritsch, Ferrier and others only less well-known, Macewen, Godlee and Horsley were quick to take practical advantage of their results and to inaugurate a new era in surgical achievements—an epoch, indeed, whose remarkable results have only been surpassed by Mr. Horsley's recent successful removal of a myxoma from the spinal cord, and Macewen's somewhat similar cases.

Indeed, if you will pardon the moment's digression, so astonishing have been the advances of the past twenty years that one finds ample justification in maintaining that, with the sole exception of the science of electricity, nowhere in the whole domain of theoretical or applied science has progress been so rapid or visible results so remarkable as in surgery, So far as operative surgery is concerned, it can now rank as an exact science.

But little must here be said of brain tumors save in a purely operative sense. Their general features, which most concern the surgeon, have been well summarized in a paper read by Dr. Zenner before the Cincinnati Academy of Medicine, February 1, 1886. The principle features of a brain tumor which produces symptoms are: first, its location; second, its size; third, its character; fourth, rapidity and manner of its growth; and fifth, extent to which it affects the surrounding brain. The various ways in which a tumor may produce symptoms are: first, by increased pressure; second, by direct influence on brain tissue. When a tumor is in the cortex, the adjoining brain gradually accommodates itself, to a certain extent, to the increasing pressure; at the base or in the neighborhood of the nerve trunks such condition is not met with in many cases. When a part of the cortex has been destroyed, another part assumes a certain portion of its function. The symptoms produced by these changes may arise either from loss of function or from irritation. Nerves may be compressed where they pass through the dura, or directly in their course, or by enlarged blood-vessels. Convulsions may occur from tumors in any part of the brain; optic neuritis is by no means common. The chief localizing symptoms are paralysis of the cranial nerves, hemiplegia, monoplegia, hemianæsthesia, partial spasms, reeling gait, aphasia, and hemiopia. In the frontal lobes, the corpora striata, and the optic thalami, brain tumors are frequently latent. When an individual suffers from constant headache that is not relieved by ordinary methods of treatment, he should be examined for brain tumor. Wernicke has suggested an operative procedure in cases where removal is not to be thought of—namely, tapping the ventricles in order to relieve intracranial pressure. This may be of value in rare or unusual cases. Tumors in the posterior fossæ of the skull usually cause a large accumulation of fluid in the ventricles. The distended third ventricle presses downward on the optic chiasm and produces optic-nerve atrophy; these are the cases in which blindness appears early—in other words, atrophy of these nerves is usually the result of a tumor in the posterior fossæ of the skull, generally in the cerebellum.

Considered in their surgical relations, we may, with Bergmann, divide brain tumors into (*a*) the circumscribed (encapsulated); (*b*) the infiltrated (diffuse), around which, as a rule, there is a zone of softening.

The former displace the brain substance, the latter destroy and supplant it. The former may be enucleated, the latter not. In order to remove the latter, one must remove a wide margin of surrounding tissue, as in removal of similar growths in other parts, or he must take total ablation, which is only possible in two places—the frontal and occipital extremities. Obviously these limitations reduce at once the number of cases suitable for operation.

Yet another class of neoplasms deserves at least mention here—*i.e.*, those growing from the interior of the cranium. These by pressure may give rise to meningeal irritation or pressure symptoms, or both. Providing that a reasonably satisfactory diagnosis can be made, it must be indeed an extensive growth from the cranial vault which shall contra-indicate operation. It is not so uncommon an event at present to see large areas of the bony covering of the brain removed for the extirpation of neoplasms involving them or the membranes, and pressing on the brain. Gussenbauer has removed half the frontal bone with a little of the great wing of the sphenoid and the squamous, recovery following without disturbance of any kind. Macewen has done nearly the same thing. Langenbeck and Bergmann have excised large pieces of the dura, and the latter, as well as Küster, not only has done this, but has removed a portion of the superior longitudinal sinus. No hesitation need then be felt in attacking any such lesion so long as the general condition of the patient may warrant it.

But supposing the case of a tumor in or near the cortex, we are, if possible, to learn yet more

about it. It should not be a diffuse growth surrounded by a zone of degenerated tissue, nor should it be too large or extensive. These tumors are not always so constituted that they are easy of recognition even after exposing the brain. Unfortunately, diagnosis as regards one of these features is as difficult as concerning the other. Bergmann says that when amidst slight and late brain symptoms signs of increased intracranial pressure quickly develop, the probability is that we have to do with an infiltrated tumor. Tumors growing from the skull can be estimated with perhaps a little more exactitude, although these penetrate a considerable distance, even over motor areas, before they occasion great disturbance.

Considering the uncertainties of diagnosis, some would think it advisable before removing a large area of bone to make an exploratory opening with the trephine, and even an exploratory incision down to the white matter. Such a procedure would be quite in accord with the principles laid down in the beginning of this paper when advising more frequent exploratory operations. No harm is likely to be done by the preliminary operation, and a clear indication to abstain, thus gained, will often be more satisfactory than the uncertainty which must otherwise surround the case.

According to Jastrowitz ("Deutsche med. Wochschft.," No. 11, 1888, p. 209), one should only undertake to extirpate these tumors which are peripherally situated, and in respect to which it can be determined that they are non-multiple, not too large, not infiltrated, and not located in vital parts. Still, if we are to be confined too strictly to this dictum it will prevent us from removing as large tumors as Durante has already shown us we can extirpate successfully, and it will hinder us from trying to imitate Weir's success in removing an infiltrating tumor with two adjoining secondary growths.

What and how many Brain Tumors are Accessible?

The best answer to this question has been given by Hale White ("Guy's Hosp. Rep., 1886, p. 117). He carefully studied the records of one hundred brain tumors found in the dead-house of Guy's from 1872–'84, with particular respect to possibility of operation. According to the records, one brain tumor was found in every fifty-nine autopsies.

Of the 100 studied, 45 were of tuberculous nature, 24 gliomas, 10 sarcomas other than gliomas, 2 glio-sarcomas, 5 carcinomas, 4 cysts, 1 lymphoma, 1 myxoma, 5 gummata, 3 undetermined—total, 100.

Bergmann has carefully gone over White's researches, and concludes that all the tuberculous and gummatous neoplasms must be excluded from consideration in an operative sense. Brain tuberculosis is almost impossible of diagnosis and has always occasioned most unfavorable prognosis, but this he hopes modern surgery may make brighter. Nevertheless, as these tuberculous masses consist almost always of caseous material, it would be most difficult to extirpate them from the soft tissue in which they lie embedded with any such completeness as is indicated. An operation would in such a case be necessarily incomplete, and return would quickly take place, with, in all probability, tuberculous meningitis. In all of White's forty-five tuberculous cases some other organ was affected, usually several others. In only three of them could operation have offered any prospect of success; but in one of these, with a tuberculous mass on the median side of the left hemisphere, there was tuberculosis also of the peritonæum and Falloppian tube; in the second, with a nodule near the fissure of Rolando, there was infection of lungs and intestines; and in the third, with a focus in the left side of the cerebellum, there was similar disease in the mesenteric glands.

Judging from these cases, it is extremely rare that cerebral tubercle will be considered amenable to surgical help, even could it be exactly diagnosticated. Bergmann considers it impossible that the cases reported by Macewen—one as a successful removal of a caseous nodule from the ascending frontal convolutions, and the other as a successful evacuation of a tuberculous cyst ("Lancet," 1885, i, 881, 934)—were cases of genuine tuberculosis; in his estimation they were distinctly syphilitic, and should have been treated with antispecific remedies. Thus far the only genuine and undoubted case is the brilliant one of Horsley, who removed a tuberculous mass from the right cortex of a young man of twenty. Brain syphilis is, in Bergmann's opinion, to be treated with drugs rather than by instruments.

Of the thirty-six sarcomas included in White's studies, fifteen were diffuse and widely infiltrated, and fourteen were utterly inaccessible. Only in four could operation have effected any good. In one of these the tumor was in the middle line of the cerebellum; in the second it sprang from the dura and pressed on the cerebellum; in the third its site was the frontal lobe; and in the fourth the occipital. Two of the three undetermined tumors were operable: one lay in the left lobe of the cerebellum, the other, of dural origin, invaded the right hemisphere.

Of the four cysts, two were multiple and one was complicated with a cancer on the neck and was accidentally discovered; the fourth might have been easily removed, since it lay isolated in the cerebellum. So, too, might the myxoma have been attacked, since it was quite superficial.

(*To be continued.*)

SHALL I REMOVE TO THE CITY?

In May or June the practice of the country physician grows light, and a needed rest is enjoyed after the arduous labors of the early spring. Then the doctor gets his books posted, makes out his birth and death reports, brushes up his office, and musters courage to present some of his bills.

He remembers that tradesmen have presented their bills to him with commendable promptness, and wonders why the medical profession alone conducts business in such a lax and unbusiness-like manner.

After familiarizing himself with the appearance of a statement in which he is creditor, he concludes it will not ruin his business to send out a few of these statements by mail. The first lot are probably sent to long-time delinquents, who have found it cheaper to change doctors than pay up. Next the doctor meets a man on the street and reminds him that it is time to settle; and, with the account in his pocket, perhaps, he asks him to the office to see how much it is. After he has made a few collections and feels less like a pauper, he puts on a bolder front, begins in earnest; and as the exchequer is replenished, the tired feeling he thinks he has had so long wears off, and "Richard is himself again."

Now it is time to attend some of the annual society meetings. The County, District, State or National medical associations are in session; and the doctor, from interest in the work and want of recreation, goes to the city.

Meeting the city physicians, with their apparent advantages of being in the range of medical colleges and hospitals and the city societies, in which interchange of ideas among the best of the profession enlarges medical skill, the strong temptation comes to remove to the city. The ease with which professional work is done stands out in marked contrast with the drudgery in mud and rain through which the country doctor has just passed. The greater social advantages, the better fees, and the possibilities of specialty practice all conspire to tempt the ambitious young man almost to the point of yielding.

Wealth is concentrated in the cities. The best price is paid for goods of the best quality there. The successful merchants of the towns frequently go there to recruit the ranks of the city merants. The best ministerial talent is called there at an increased salary. Why should not the doctor go? Obviously we cannot all go; and it is to the city's immense advantage that we cannot. A great many do go from the larger towns throughout the country, and the eminence of a few attest the wisdom of the change for them. Where the ambition that spurred them on was based on superior judgment and a degree of skill commensurate with the years of study and experience, success has crowned their efforts. Of the multitude of failures we hear nothing. With the physician, however, as compared with the case of the merchant or minister, there is a great difference. The merchant uses his acquired capital, gets a good location and stock; and a few page advertisements puts his business on a self sustaining basis.

The minister called to the city has his congregation as a constituency awaiting him, and a church reception makes him at home among his people.

The doctor may have a reputation at his present place; but it has the faculty of staying close home. His work in the journals or societies may have made his name familiar to the best of his city co-workers; but it is not their special province nor care to introduce him to the people, the source of his expected income.

Privilege to advertise cannot help him; already quacks enjoy that and are adepts in its use, and the abandonment of the time-honored regular methods would be a damaging confession. The new doctor in the city then must begin at the bottom and go through the drudgery of building up a business anew, with no advantage over the new graduate except so far as his savings, his experience and acquaintance may help him to a comfortable location and professional standing. In the vast majority of cases, had the doctor not better avoid the city? He who succeeds in the country or larger towns can do still better than if his ambition impels him to improve his business. He can have the world for an audience if he has anything of universal interest to say. If he desires it, he can extend his field of labor almost indefinitely if there is anything he can do better than his professional brethren. His expense account may usually be smaller than that of his city friend, in proportion as his town is smaller.

The out-door work, which is often a ground of complaint, may perpetuate a vigorous physical state that a city office might ruin. A family vigorous in the free air of a country home may suffer in bodily health, possibly in moral tone, from the different atmosphere of the city.

Years of acquaintance and established business enable the country physician to select his cases and avoid the most laborious work, except where compensation is adequate. The years he has spent, instead of being virtually lost through removal, constitute so much capital which shall contribute to his comfort and gain as the years go by; and judicious investments made in the years of prosperity obviate the need of hard work in old age.

In the more varied demands of the country practitioner, more study is required to cover the larger field of work; but, by way of compensation, has he not the consciousness of being a more useful member of his community?

COUNTRY DOCTOR, in *Journ. Am. Med. Assoc.*

THE CANADA MEDICAL RECORD,
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EDITORS :
A. LAPTHORN SMITH, B.A., M.D, M.R.C.S., Eng., F.O.S., London
F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.S., London.

ASSISTANT EDITOR :
ROLLO CAMPBELL, C.M., M.D.

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MONTREAL, JANUARY, 1889.

THE DIRECT APPLICATION OF COPAIBA IN GONORRHŒA.

It has long been known that balsam of Copaiba, when taken internally, separates itself into the two constituents of all balsams, viz., the essential oil or turpentine and a resin, the former of which is eliminated by the respiratory tract, and the latter being eliminated by the kidneys. Gubler, the French authority on therapeutics was, we believe, the first to suggest the administration of either the oil or the resin separately, according to the locality it is desired to act upon. Some eight years ago a case was mentioned by Dr. Smith, at the Montreal Medical Society, of a lady having been successfully treated for gonorrhœa of the vagina by the injection of medicated urine, obtained either from herself, or from an employee, who was engaged for the purpose of secreting urine charged with copaiba resin. In many hospitals in Europe the administration of the balsam has been abandoned, partly owing to its deranging the stomach, and partly because it was wasting the volatile oil, which was wanted by the manufacturers of perfumery for reinforcing the more delicate perfumes; for, strange to say, one drop of oil of roses and ten drops of oil of Copaiba give a stronger perfume of roses than would eleven drops of the costly oil alone. A proper understanding of the physiological action of remedies, a subject we fear is very often neglected, would in many cases show the absurdities of administering some remedies in certain cases, such for instance as Copaiba in the gonorrhœa of women. In an article in the *Med. Reg.* of Phila., 29 Dec., 1888, Dr. Martin Rively says that, having read an article by Dr. T. H. Stearns, of Mansfield, Mass., on the abortive treatment of Gonorrhœa by the direct application of Copaiba, he applied it by means of a No. 23 steel bougie, smeared with the balsam, to the urethra of eight men in the first stage of gonorrhœa, with the result of curing all but one, who disobeyed the ordinary directions. Of course it is of no use in gleet, which is *always* due to narrowing of the urethra. It will be a boon to men who object to the exposure entailed by smelling of Copaiba oil, and to women, to whom it is perfectly useless to give it, as the urine when so medicated does not pass naturally over the diseased surface of the vagina.

BRAIN SURGERY.

In view of our determination to provide our readers with a record of all that is newest and best in medical knowledge, we trust they will forgive us for having devoted several pages of our space to the subject of advances in brain surgery. The article referred to, a portion of which appears in this issue, is exceedingly well and carefully written, and not only deals with the surgical treatment of lesions of the brain, but also goes thoroughly into the subject of cerebral localization, which must be a topic of practical benefit, in one way or another, to nearly every practitioner.

This being the first issue of the RECORD for this year we take advantage of the opportunity to inform our readers that with the October number of last year the proprietorship of the journal has changed hands. Dr. F. Wayland Campbell, the

proprietor of it for many years, having sold it to Dr. Lapthorn Smith, who is glad, however, to announce that the experience and ability of Dr. Campbell have been retained on the editorial staff. With regard to the future of the RECORD we prefer to make no promises. We will try to have it out promptly on the 15th of every month, and with every number we shall endeavor to improve it more and more, several able writers in the United States and Canada having promised to become regular contributors. Any suggestions from our readers themselves, as to how to make the journal more attractive, will be gladly received, and, if possible, acted upon. We would be exceedingly pleased if they would make our columns the medium for intercommunication between each other, thereby drawing themselves and profession closer together in the bonds of fellowship. Questions of medical etiquette or ethics will be submitted to competent authorities, and their replies will be printed together with the questions, and we will always be glad to publish original communications, written for this journal only. We feel certain that a great deal of the most valuable experience goes out of the world unrecorded, through diffidence or indifference.

MORTALITY AMONG LIQUOR-SELLERS.

As so many medical men have to perform the duties of life insurance examiners we desire to give especial prominence to the following remarks from the *Insurance Monitor*.

The mortality among liquor-sellers was the subject of a paper read by Mr. Wallace, actuary of the N. B. & M. Ins. Co., recently before the Actuarial Society of Edinburgh, in which the writer said, that of all the hazardous occupations, that of the liquor-seller—a term which he used to denote any person engaged in the retailing of any intoxicating drink—is one of the most fatal. The reports of the registrar-general conclusively showed that the mortality of persons of this class is upward of 50 per cent. higher than that of the general population, and the experience of those insurance companies which have been published, the Scottish Amicable, Standard, and Law Life, confirmed this. Through the courtesy and kindness of the directors and officials of the North British and Mercantile, he was in a position to submit the result of observations recently made upon the mortality among liquor-sellers assured with that company. The observations extend over a period of sixty years, the number assured being 674, of whom 184, or 27.3 per cent. died; 226, or 3.35 per cent. withdrew during the observations; and 264, or 39.2 per cent. were alive at the close. These persons passed through 6398 years of life, their average age at entry being 36.82 years, and the average duration of each policy 9.49 years. A table was then given showing in quinquennial groups of ages the number of entrants exposed to risk, actual deaths, and the expected deaths by the HM table and English life table No. 3, males, the actual deaths exceeding by 50 per cent. and 31 per cent. respectively those expected by the two last-mentioned tables. After comparing, so far as practicable, the combined experience of assurance companies among liquor-sellers with that of the liquor-sellers of England, as given by Dr. Farr, and showing a diagram in which the results were dotted down, Mr. Wallace stated that his preconceived ideas as to the effects of selection on the mortality of liquor-sellers were completely shaken, and he was led to the conclusion that the beneficial effects of selection which are so apparent in assured lives generally are counteracted by other influences to which this class of persons is exposed. With the view of ascertaining the rate of mortality in different sections, he divided the experience into three classes, of which licensed grocers, hotel-keepers, and publicans may be taken as the types.

The mortality of the licensed grocers was

less than that of the hotel-keepers by 29.2 per cent., and less than that of the publicans by 43.26 per cent. The average extra premium required for assurance was 6s. 8d. per cent. for licensed grocers, 17s. 1d. per cent. for hotel-keepers, and £1 4s. 10d. per cent. for publicans. In judging as to the risk, it is of importance to ascertain for what period the applicant has been engaged in the liquor traffic.

We quote the above from the London *Post-Magazine*, because it presents at least one feature of special interest. The comparison is made between three classes engaged in the same general line of business, but graded according to the extent of their employment. This method tends, perhaps, to eliminate other influences which might be claimed to be at work, and shows how closely the evil influence of the business follows its extent, for the presumption is that the more thoroughly a man's time and attention is devoted to this business, the greater as a rule, will be his own personal indulgence.

NOTICES OF BOOKS.

The Case of Emperor Frederick III. Full official report by the German Physicians and by Sir Morell Mackenzie. Translated and both sides reviewed by Henry Schweig, M.D., Laryngologist, New York. *This is the only edition* giving the unabridged reports, with all of the illustrations of Sir Morell Mackenzie and of the German Physicians. Cloth, $1.25. Paper, 75 cts. Edgar S. Werner, 48 University Place, New York. Be sure to order the *Werner* edition.

To any one who knows anything about diseases of the throat this book will furnish both pleasure and profit.

Clinical Lectures on Certain Diseases of the Nervous System. By Prof. J. M. Charcot, Prof. to Faculty of Medicine, Paris; Physician to Saltpetres, etc. Translated by E. P. Hurd, M.D., Member of the Massachusetts Medical Society. 16mo. Pp. 155. Paper. Detroit: George S. Davis. Price, 25 cents.

This work belongs to the series of volumes which Mr. George S. Davis, of Detroit, has been publishing for several years, entitled the Physicians' Leisure Library. As will be observed, the author of it is the distinguished French medical savant, Prof Charcot, than whom there is no more eminent physician in the world. Prof. C., more than any other investigator, has elucidated the functions of the nervous system,

The volume is largely devoted to hysteria, which is a nervous affection of great interest, simulating as it does all other diseases and exhibiting most peculiar phenomena. Prof. Charcot shows in this volume, contrary to the views of very many, that it affects the male as well as the female. He says that he has been struck with the fact that male hysteria is found with the same characters in men belonging to all races, all nationalities.

The Medical Bulletin Visiting List, or Physician's Call Record. Arranged upon an original and convenient monthly and weekly plan for the daily recording of professional visits. F. A. Davis, Medical Publisher and Bookseller, 1231 Filbert St., Philadelphia.

This visiting list is arranged upon a plan adapted to the most convenient use of all physicians, and embraces a new feature in recording daily visits not found in any other list. The necessity of re-writing the names of patients *every week is obviated*, as the arrangement of *half-pages requires* the transfer of names *only once a month;* at the same time the record is kept just as perfect and complete in every detail of *visit, charge, credit, etc.*, as by the old method. From this it will readily be seen that a large amount of valuable time is saved, as well as a great deal of labor formerly necessitated in re-writing the patients' names.

This visiting list contains a calendar for the last six months of 1888, all of 1889 and 1890; Table of Signs to be used in keeping Accounts; Table of Fees; Dr. Ely's Obstetrical Table; Tables for calculating the number of doses in a given R, etc., etc.; for converting Apothecaries' Weights and Measures into Grammes; Metrical Avoirdupois and Apothecaries' Weights; Number of Drops in a Fluidrachm; Graduated Dose; for Children; Graduated Table for Administering Laudanum; Periods of Eruption of the Teeth; the Average Frequency of the Pulse at different Ages in Health; Formulæ and Doses of Hypodermic Medication; Use of the Hypodermic Syringe; Formulæ and Doses of Medicines for Inhalation; Formulæ for Suppositories for the Rectum; the Use of the Thermometer in Disease; Poisons and their Antidotes; Treatment of Asphyxia; Anti-emitic Remedies; Nose Douches; Eye-Washes.

Following this useful printed matter comes the visiting list proper, consisting of blank pages and half-pages, conveniently ruled for recording visits: Special and General Memoranda, Addresses of Patients, Nurses and others; Obstetric,

Vaccination, Births and Deaths, Records; Bills Rendered, Cash Accounts, etc., etc. Handsomely bound in fine, strong leather, with flap. Compact, light, and convenient for carrying in the pocket. $3\frac{1}{2}$ by $6\frac{3}{4}$ inches. In two sizes. Prices, $1.25 and $1.50.

New Medications. By Professor Dujardin-Beaumitz, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine; Physician to the Cochin Hospital; Editor-in-Chief of the Bulletin Général de Thérapeutique, Paris, France. Translated by E. P. Hurd, M. D. With Appendices and Illustrations. In two parts. 1886. George S. Davis, Detroit, Michigan.

This is a most interesting and instructive work and is in every sense practical, which latter remark may be taken for granted when we discover the well-known name of the author, Professor Dujardin-Beaumitz. The book is devoted to the therapeutics of the more recent remedies, and modes of treating the very many diseases to which human beings fall heir. Chapter first opens with a resumé of the great discoveries of the past fifty years, and takes into consideration the first use of Ether and Chloroform as anæsthetics. It also deals with Chloral and the origin and uses of the Hypodermic Injections. Chapter second takes into consideration the subject of New Cardiac Medicaments, and deals at some length on the physiological actions and therapeutic uses of such important drugs as Convallaria Majalis, Caffeine and Nitro-Glycerine, as well as those of lesser note, such as Adonidine, Sparteine, &c. Chapter third enters into the theories regarding the treatment of certain diseases of the stomach, by Lavage, or washing out the stomach. The fourth section is devoted to New Gastro-Intestinal Medications. The remainder of the work is occupied by items of equally great and absorbing interest, and the various subjects are so arranged as to make their perusal agreeable, and not, as in some cases, wearisome. We can most heartily recommend it to our readers.

A Manual on Inhalers, Inhalations and Inhalants, and a guide to their discriminating use in the treatment of Common Catarrhal Diseases of the Respiratory Tract. By Beverley Robinson, M.D., Clinical Professor of Medicine at Bellevue Hospital Medical College, New York. Second Edition. 1887. George S. Davis, Detroit, Mich.

This little work forms a part of series No. 1 of the Physicians' Leisure Library, which was begun some time ago by George S. Davis, of Detroit, Michigan, the publisher's idea being to issue small works at small cost, on subjects of practical importance to every busy medical man. That the subject here chosen for the initial number of this series is a most important and practical one, no person will deny, for few diseases are more common in this country than catarrhal affections of the nose and throat. The author of this little book says he is convinced that a small work, on the above mentioned subject, is needed by general practitioners of medicine; first, because the text-books for sale are somewhat out of date; second, because those obtainable do not answer actual requirements, owing to their size and completeness. By this criticism he means particularly that many inhalers are described in detail which are no longer employed at all—and, indeed, never were used, except perhaps by the inventors—and views are related at length, which were formerly debatable, but now are settled definitely. Chapter I. is devoted to Medicated Sprays and the description of various instruments employed in spraying the nose and throat. Chapter II. deals with Steam Atomisers, and their utility in the treatment of Acute and Chronic Inflammatory Diseases of the Nose and Throat. Chapter III. describes the manner of of using Steam Inhalers, and the advantages in, and objections to, their employment. Chapter IV. takes up Vapor Inhalations, and their utility and comparison with Cold Atomised Inhalations. Chapter V. gives many useful and practical prescriptions for using by atomization and inhalation. It is all through a most interesting little work and is well worthy of every physician's perusal.

The Classification and Treatment of over Two Thousand Consecutive Cases of Ear Diseases at Dr. Sexton's Aural Clinic, New York Eye and Ear Infirmary. By Samuel Sexton, M.D., Aural Surgeon, and W. A. Bartlett, M.D., and Robert Barclay M.D., Assistant Surgeons. 1886. George S. Davis, Detroit, Mich.

The author at the outset informs us that this little work is intended to present a classified list of the aural cases recently seen in the practice of the above mentioned infirmary, and to bring into prominence the more practical features demanding treatment. He adds that the relation in detail of the many cases of interest seen would not be so instructive as the presentation of general conclusions drawn from observations in the large field offered by the aural clinic. The importance of inflammation of the attic of the tympanum seemed to demand the considerable space given to its discussion. The cases have been divided according to the anatomical location of the disease, and the whole subject is included under nine sections, namely, (*a*) the auricle; the diseases to which this region is subject (eg. Eczema, Erysipelas, Herpes Zoster, &c.) are briefly mentioned, and their treatment given; (*b*) the external auditory canal; (*c*) the drum-

head ; (*d*) the middle ear tract ; (*e*) complication of diseases of the middle ear tract ; (*f*) diseases of the mastoid process ; (*g*) important symptoms of ear disease ; (*h*) neuroses (reflex phenomena); (*i*) deafmutism. Then in the appendix, the drugs more commonly employed in the treatment of ear affections are given, as well as a description of the numerous instruments used. Illustrative cuts of the said instruments have been introduced, and all things considered, the work is a most complete one for its dimensions, and might very properly be called "multo in parvo." This book would doubtless prove invaluable to many, for, assuredly, many head troubles which cause physicans so much anxiety and trouble, are due to some hidden ear affection which the busy practitioner has overlooked. The work is neatly bound in a paper cover, and the letter press and quality of the paper are excellent.

BISHOPS COLLEGE MEDICAL STUDENTS' DINNER.

On the evening of the 17th December the Medical Faculty of Bishops College and its students sat down to an elegant dinner in the "Mess Room" of the St. Lawrence Hall. The "menu" was such as this hotel is justly celebrated for, and, we believe, cannot be equalled by any other hotel in Montreal. Dr. F. W. Campbell, the Dean of the Faculty, occupied the chair, supported on his right by Principal Adams, of the University, and Dr. Hingston, Dean of Victoria Medical College, and on his left by Dr. R. Palmer Howard, Dean of McGill Medical Faculty, and Dr. T. A. Rodger, Assessor to Bishops' College, from the College of Physicians and Surgeons of Quebec. The attendance was large, some seventy sitting down. The usual loyal toasts were given, and of course well received. In replying to the toast of "Sister Universities," Dr. Howard said McGill had never grudged to Bishops' College its success. It was true, perhaps, that at the outset the advent of a new medical school, on a field they had almost looked upon as their own, may have given rise to a feeling that possibly their rights were being invaded ; but that was all past. It was but a momentary, and, perhaps, a natural feeling, as they were only human. They soon recognized Bishops' Faculty of Medicine as an existing fact, and he was free to acknowledge that they had done McGill good. It had added to the educational faculties of Montreal, and in this way the city had benefitted. He was pleased to say that McGill and Bishops were working harmoniously together, and both doing, he knew, good work. Dr. Howard then contrasted the facilities which the medical students of to-day had compared with those of the time when he entered medicine, much, of course, to the advantage of the former, and concluded a very elegant address by complimenting the College on the elegant entertainment provided.

Dr. Hingston, Dean of Victoria Medical Faculty, and the *first* Dean of Bishops' College, received an exceedingly warm reception, which he duly acknowledged. He conveyed to them the greetings of his own Faculty, but would say no more, for this was Bishops' day. He alluded to his student days, and the primitive character of their entertainments. There were then no regrets at non-attendance from the Governor-General or the Premier, at their impecunious meetings.

Representatives from Toronto University, Queen's College, Kingston, and McGill, Victoria and Laval, also made replies.

The vice-chairs were most ably filled by Mr. James Jack and Mr. C. E. Elliott, B. A.

The dinner was the best in every way that the students of Bishops' ever had, and it should be always remembered that Bishops' College was the one to make the initiative in transforming the old-footing dinner into these elegant entertainments.

THE LATE DR. KENNEDY.

It will be with a pang of regret that the many friends of Dr. Kennedy will learn of his death, which took place on the 22nd of December. Fifteen years ago he had a slight attack of hæmoptysis, (the only one he ever had) and there being evidence of limited lung trouble, he passed the following winter in Colorado. He received much benefit, and on his return home was able to resume a very large practice. For several years there did not seem to be any renewal of the disease, and he continued in active work ; but five years ago he had an attack of Pleurisy, and, in the two or three following years he had renewed attacks, which much undermined his strength. He still continued active work, (much againstt he advice of his friends, revisiting Colorado for a few months in 1887) until last fall, whenthere was evidence of the disease having actively attacked the larynx and vocal cords, and he was compelled to take to his bed. His suffering was extreme, yet he bore it patiently :

and while he now recognized the impossibility of ever again resuming out-door professional work, he was hopeful of getting about again, and being able to do office and consultation work. For a time the improvement in his throat seemed almost to warrant this hope, but his sufferings were renewed, and the end came rapidly, the last few days of his life his suffering being so great that he was kept most of the time under chloroform. His funeral was attended by a large number—patients and professional confreres—who by their presence showed their appreciation of his work and their sympathy for his wife and friends in their bereavement. Dr. Kennedy was born in Montreal on the 1st of January, 1840, and studied medicine at McGill College, where he graduated in 1864. He at once went to Dunham, a beautiful village situated in one of the most beautiful parts of the Eastern Townships, where he commenced his professional career. His success was all he could have hoped for, during the three years he remained there. He felt, however, that neither his strength or his ambition was suited to a country practice, so he removed to Montreal, where he soon gained a large circle of patients. In 1871 the Medical Faculty of the University of Bishops' College was founded, and he accepted the chair of Anatomy, which he very ably filled for several years. Obstetrics and Gynecology were, however, more to his liking, and in a few years, an opportunity occurring, he was transferred to that chair. That he filled it most ably, and was soon recognized as a rising obstetrician, is a matter of history. Had strength been given him, we have no hesitation in saying that he would have become the obstetric teacher of the Dominion. Clear, lucid and practical, fertile in resource, there are many medical men throughout the United States and the Dominion who look back to his teachings with pleasure and gratitude. But his strength was not equal to the task, and with much reluctance he was obliged to resign his chair. He, however, retained his post of Registrar to the Faculty, to which he had been elected in 1882, and which his failing health compelled him to resign in August last. He was, however, Emeritus Professor of Obstetrics up to his death. The Medical Faculty of Bishops College had no truer friend, no more earnest worker, than Dr. Kennedy, who, even a few days before his death, had thoughts for her welfare and success. In the working of the Women's Hospital, and the founding of the Western Hospital, Dr. Kennedy took a prominent part, and contributed not a little to their success. Had his bodily energy been equal to his mental vigor, he would have made a name as an operator in the field of gynecological surgery. What operations he did perform were well done, and successful. But their tedious character always told upon him, and left him for weeks much exhausted. To the readers of the RECORD his name must be familiar. For several years he had been its Managing-Editor, in fact up to last April, when he felt unable to continue the task. He was not a very large contributor to periodical literature, neither was he, so to say, a silent member. Several contributions appeared occasionally in these pages—one of the best contributions, from the pen of a Canadian,—"On the Climate of Colorado for Consumptives," was written by him on his return from that State of the American Union. Although many years have passed since it appeared, scarcely a month comes round that the publishers are not applied to for a copy of the RECORD which contains it. A year ago a paper by him on the use of Nitro-Glycerine in Diabetes attracted much attention, there being attached to it, what is believed to be the best analytical urine test, for such a lengthened period, which has ever been published. Among his professional brethren, Dr. Kennedy was held in high esteem; and they will miss him much, especially those have been intimately associated with him in college work. In the Medico-Chirurgical Society, of which he was an active member, and an ex-president, his voice will be missed, for he was one of those whose words were always welcome. To his wife we tender our deep sympathy; we know her loss is great. May she be consoled by the fact that his memory will be kept sacred by those who for years, in professional life, knew him best.

On the 8th of January the "Alma Mater Society" of Bishops' College held its annual dinner in the Ladies Ordinary of the Windsor Hotel. Between eighty and ninety sat down; Chancellor Henecker presiding. The Faculty of Medicine was represented by six of its members.

The class at Bishops' College Medical School is a large one—the best for some years—and the students are workers.

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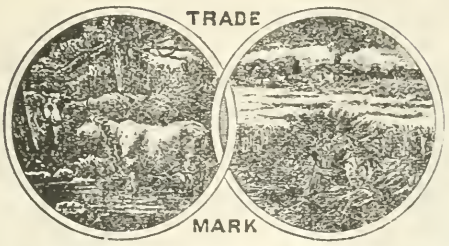

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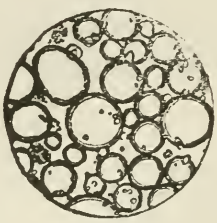

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Very truly yours, JAMES R. DUGGAN, M.D., Ph. D.,
Fellow in the Johns Hopkins University, Sec'y Baltimore Micros'l Society.

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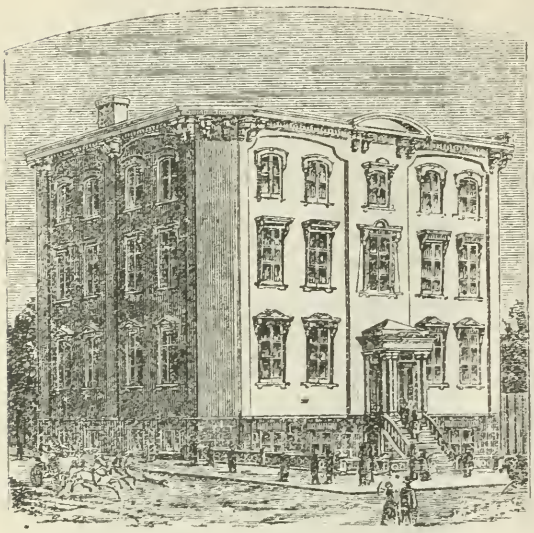

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